

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

	PATENT
Total Page	s

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: FREDERIK AUGUSTIJN ET AL.
TITLE: METHOD AND SYSTEM FOR TRANSFERRING AND STORING DATE IN A MEDICAL DEVICE WITH LIMITED STORAGE AND MEMORY

BOX PA Commis	TENT API	PLICATION Patents and Trademarks
	Sir:	2.54 = acceptance acceptance
X	Patent	We are transmitting herewith the attached: Application Transmittal
X	Specific	
X	Drawin	gs:
		Total sheets: 8 Tormal X informal
mal And the Tell half half the	Combir	newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
The first first one or	Accom	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet of prior application Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard
IF A CC	NTINUIN	G APPLICATION:
		Continuation Divisional Continuation-in-part (CIP) of prior application No
		Amend the specification by inserting before the first line the sentence: This application is a continuation division continuation in part of application number, filed
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
		The prior application is assigned of record to Medtronic, Inc.
		The Power of Attorney in the prior application is to: Medtronic, Inc.

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed				
X	Address all future correspondence to:	Thomas F. Woods, Reg. No 36,726 Medtronic, Inc., MS 301 710 Medtronic Parkway NE Minneapolis, Minnesota 55432 Telephone: (763)514-3652			

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	67	20	=	47	x 18	\$ 846
Independent Claims	4	03	=	1	x 80	\$ 80
Multiple Dependent Claims					+ 260	
Basic Filing Fee						\$ 710
					TOTAL	\$ 1636

Charge Deposit Account No. 13-2546 the sum of \$\frac{1636.00}{2}\$ (Filing Fee) for a total of \$\frac{1636.00}{2}\$.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

4-26-01

Date

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